



## STUDY INFORMATION SHEET

Survey on Kinship Caregivers' Parenting Experiences

***Title of Study***

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***Principal Investigator***

FWA00004459

### **INVITATION TO PARTICIPATE**

As a kinship caregiver who cares for related children, you are invited to participate in a study that explores kinship caregivers' parenting experiences.

### **PURPOSE**

The purpose of this study is to improve our understanding of kinship caregivers' parenting experiences, particularly those not involved with the public child welfare system. We would like to know about your parenting experiences as a kinship caregiver, including how this parenting responsibility has impacted you and your family, what positive/rewarding experiences you have had, and/or what challenges you have experienced.

### **DESCRIPTION OF THE PROCEDURES**

In this study, you will be asked to complete a survey using either paper and pencil or an online platform. The survey includes questions on your demographic information and kin care experiences. It also has items on your knowledge and/or thoughts on behavioral and educational experiences of the related children for whom you care. It will take up to an hour to complete the survey.

### **DISCOMFORTS AND RISKS**

There are no foreseeable discomforts and risks involved in your participation. However, there may be questions that you don't feel comfortable with or don't want to answer. You are free to skip these questions or to stop the questionnaire at any time.

### **CONFIDENTIALITY**

Your information will be kept confidential to the extent provided by law, with the exception of possible review by the Human Research Advisory Committee, the Department of Health and Human Services, and/or the Office of Human Research Protection. The survey is anonymous, and identifying information such as your name and address will not be collected. Results from the study will be reported in an aggregated format, and data will be destroyed upon the completion of the study.

### **EXPECTED BENEFITS**

You will not have any direct benefit from participating in this study. However, your participation will help us to better understand kinship caregivers' parenting experiences. This improved understanding may be utilized in designing and implementing a service delivery model for children in kinship placements and their caregivers in the future.

### **WITHDRAWAL FROM THE STUDY**

Your participation in this survey is completely voluntary. You are free to refuse to participate in the survey or you can withdraw from the survey at any time. Your decision to withdraw will bring no negative consequences. As noted earlier, you may be asked questions that you don't want to answer, and you are free to decline to answer these questions. You may stop the questionnaire at any time.



**THE CATHOLIC UNIVERSITY OF AMERICA  
COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (CPHS)**

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**COSTS AND PAYMENTS**

Participation in this study does not require any costs or payments on your part. You will receive a gift card worth \$40 as a token of appreciation for your time and participation.

**CONTACTS**

If you have any questions or concerns about this research, please contact the investigator as listed below:

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**RESEARCH SUBJECT RIGHTS:** I have read all of the above.

*This form has explained the study and addressed my questions. It has also included information on the risks or discomforts, and possible benefits of the study.*

*I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty or loss of benefits to which I am entitled.*

*I understand that any information obtained as a result of my participation in this research study will be kept as confidential as legally possible. The results of this study may be published, but my records will not be revealed unless required by law.*

**NOTE:**

If I have any questions about the conduct of this study or my rights as a subject in this study, I can call **The Catholic University of America, Office of Sponsored Programs 202-319-5218.**

I understand my rights as a research subject, and I voluntarily consent to participate in this study. I understand what the study is about and how and why it is being done.

**If you agree to participate in the study, please proceed to complete the survey.**

**If you don't agree to participate in the study, please return the questionnaire in the sealed envelope to the research team (paper & pencil survey) or close this window (online survey).**